

Roberta Justice, MM, MT-BC
rjustice@emich.edu 734-637-4354
Representing Michigan Music Therapists and the families we serve
Mmtonline.org

A case for reimbursement of music therapy treatment for people with ASD

Music therapy, as provided by certified therapists, is not a new age fad. Music therapy has been an allied health profession and an effective treatment for autism since the 1950's. In the 1960's, many of our citizens with autism or ASD were isolated in state institutions where, in Michigan, music therapy was a state approved part of their treatment. Professional music therapy articles from that time describe the ability to establish rapport, encourage expressive language, and social skills, work with sensory sensitivities and address behavioral challenges through music therapy. As our policies changed, and children were moved into ISD settings and schools, music therapy became accepted treatment in Community Mental Health settings, and in schools, until the economy suffered, and programs were pared back to bare bones. Since the majority of adults communicate with mostly words, music therapy, which communicates mostly through music, is sometimes not seen as essential and is cut.

However many of our citizens with ASD have trouble communicating through words, and communicate mostly through non verbal approaches. Sometimes their language development is delayed, and they can only respond through the musical components of communication until that language develops. It will not develop as well or as quickly using only words. The research supports the fact that these children develop speech better with music therapy. The speech therapists with whom I have worked know this, and try to convince their families to have these children work in music therapy. At the EMU Autism Collaborative Center we have true interdisciplinary work with music and speech therapists collaborating.

Similarly, auditory processing is often a problem with people with ASD. Through music therapy I, and my colleagues, are able to address these processing problems through evidence based music therapy interventions. Other professionals attempt to address them through non-evidence based approaches such as "Therapeutic Listening" or "Interactive Metronome", marketed (expensive) non evidence based approaches using musical elements (with limited success). These are not music therapy; Board Certified Music Therapists only use interventions that are supported by research.

According to Michelle Garcia Winner, a top authority on social skills development, the ability to develop social skills begins with the following: Joint attention, Emotional sharing and reciprocity and Sensory integration (among others). Without these skills, social thinking and development cannot occur. These are areas which typically develop pre-verbally in humans. Music, which can be processed pre-verbally, can address and develop these areas in the hands of a certified practitioner.

ABA practitioners state that ABA is the only evidence based therapy for ASD. That may be true in psychology, it is not true over all. Music therapy is evidence based and data driven, just as ABA is. Music therapists keep data in every session and show progress through behavioral data, even when we are not using specific behavioral techniques. I'm not suggesting that Music therapy be thought of as a replacement for ABA, when a child needs ABA, it is the best fit for him/her, should be available, and can be life changing. Not every child with ASD needs ABA. There are other more appropriate therapies that could be available for them, and can also be life changing.

In 1973, the State of Michigan led the Nation in mandating special education two years in advance of Federal regulations; and music therapists have been special education team members in districts across the State since that time.

Music therapy services are currently reimbursable in some circumstances using therapeutic CPT codes in the Michigan, but not specifically for the treatment of ASD. Yet evidence continues to be generated which indicates that music therapy is highly effective in developing social skills, emotional skills and communication skills, all areas of deficit for people with ASD.

The research literature supports music therapy as an effective treatment modality for individuals with ASD. Empirical studies indicate that Music therapy effectively addresses communication skills, interactive (social) behavior, and the reduction of problematic and avoidant behavior. The Cochrane Database of Systematic Reviews concluded that Music Therapy was superior to 'placebo' therapy with respect to verbal and gestural communication skills (American Music Therapy Association).

- In a controlled study (n=50), findings indicated that participants with ASD in both music and speech training significantly increased their pre to posttest verbal production. Results further showed that participants, who were categorized through standardized tests with either mild or severe symptoms common to ASD, all improved their speech production after receiving either music or speech training; however, participants with more severe symptoms showed a greater improvement after the music training than the speech training (Lim, 2010).
- Another study sought to determine the effects of using music and non-music interventions on both socially responsive and avoidant behaviors of a preschool child with autism. Researchers found that the music intervention was more effective than the non-music intervention in increasing all three social responsive behaviors. Furthermore, no avoidant behaviors were observed during the music condition. The authors suggest that the music condition was more motivating for the participant than the non-music condition, resulting in more social responsive behaviors (Finnegan and Starr, 2010).
- In a four month study of young children with ASD involved in an early intervention program in Michigan, children who participated in Music Therapy treatment demonstrated increases in the 'interactive life' (social play, imitation, and reciprocal turn taking) of young children (3-5 years) with ASD (Gombert, 2011).

We request that the language of SB 414 and 415 be clarified by the following changes.
Our suggested language additions are noted in **BOLD and CAPS** below:

SB 414

Sec. 416E (8) (H) "Therapeutic care" means services provided by a licensed or **BOARD** certified speech therapist, occupational therapist, physical therapist, social worker, **OR MUSIC THERAPIST**.

SB 415

Sec. 3406S (9) (H) "Therapeutic care" means services provided by a licensed or **BOARD** certified speech therapist, occupational therapist, physical therapist, social worker, **OR MUSIC THERAPIST**.

Thank you for your time and consideration

Music therapy has been a nationally recognized profession for 61 years in the U.S., with board certification since 1985.

For more information about music therapy and individuals with ASD please see the following links:

http://www.musictherapy.org/assets/1/7/MT_Autism_2006.pdf

http://www.musictherapy.org/assets/1/7/bib_autism10.pdf

References cited:

Lim, H. (2010) Effect of "Developmental speech and language training through music" on speech production in children with autism spectrum disorder. *Journal of Music Therapy*. Vol 47(1), pp. 2-26

Finnegan, E. and Starr, E. (2010). Increasing social responsiveness in a child with autism: A comparison of music and non-music interventions. *Autism* 14: 321

Gombert, D. (2011). Possible effects of music therapy on the building blocks of communication. *Imagine Online Magazine*. AMTA Pgs 30-33.